

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

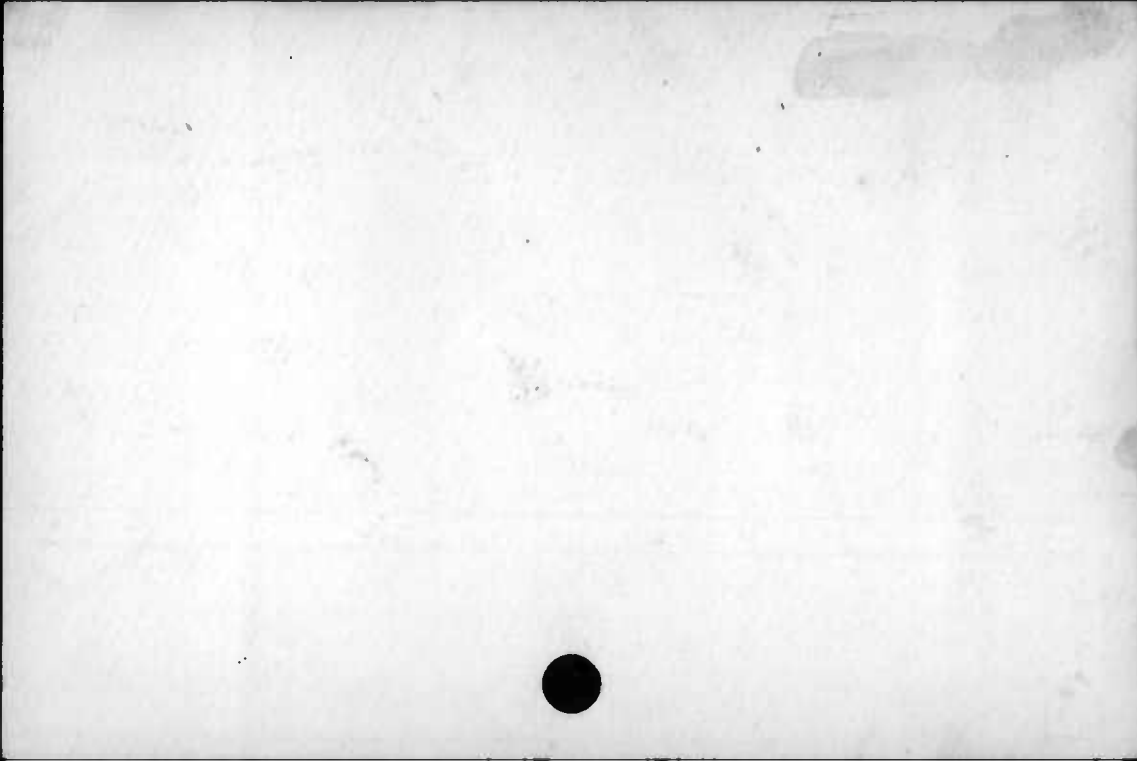
Name <i>Germa Agnes Alexander</i>		Town <i>near Reeders</i>		County <i>Garrett</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>2</i>		Years <i>3</i>	
Date of death <i>1907</i>		Age <i>3</i>		Months <i>11</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>R. M. Alexander</i>				Father's Birthplace			
Mother's Maiden Name <i>Adeline E. McGettigan</i>				Mother's Birthplace			
Name of person giving information <i>R. M. Alexander</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary	<i>Pseudo diphtheria</i>	How long	<i>5 days</i>
Immediate	<i>spasmodic croup</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. R. Boyer M.D.</i>	
		Address <i>Accident</i>	
Accident or Suicide?		<i>no</i>	



Name
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Charles L. Col Loun

CERTIFICATE OF DEATH

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Died at *MT Fort* ^{Town} *Port* ^{County} *Yerkes*

Date of death *1907* ^{Month} *Mar* ^{Day} *23* ^{Years} *4* ^{Months} *11* ^{Days} *20*

Sex *male* Color or Race *white* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Melvin Colcham*Father's
Birthplace*md*Mother's
Maiden Name*Via Gloss*Mother's
Birthplace*md*Name of person giving
Information*Melvin Colcham*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Dysentery**7*

How long

4 weeks

Immediate

Pneumonia

How long

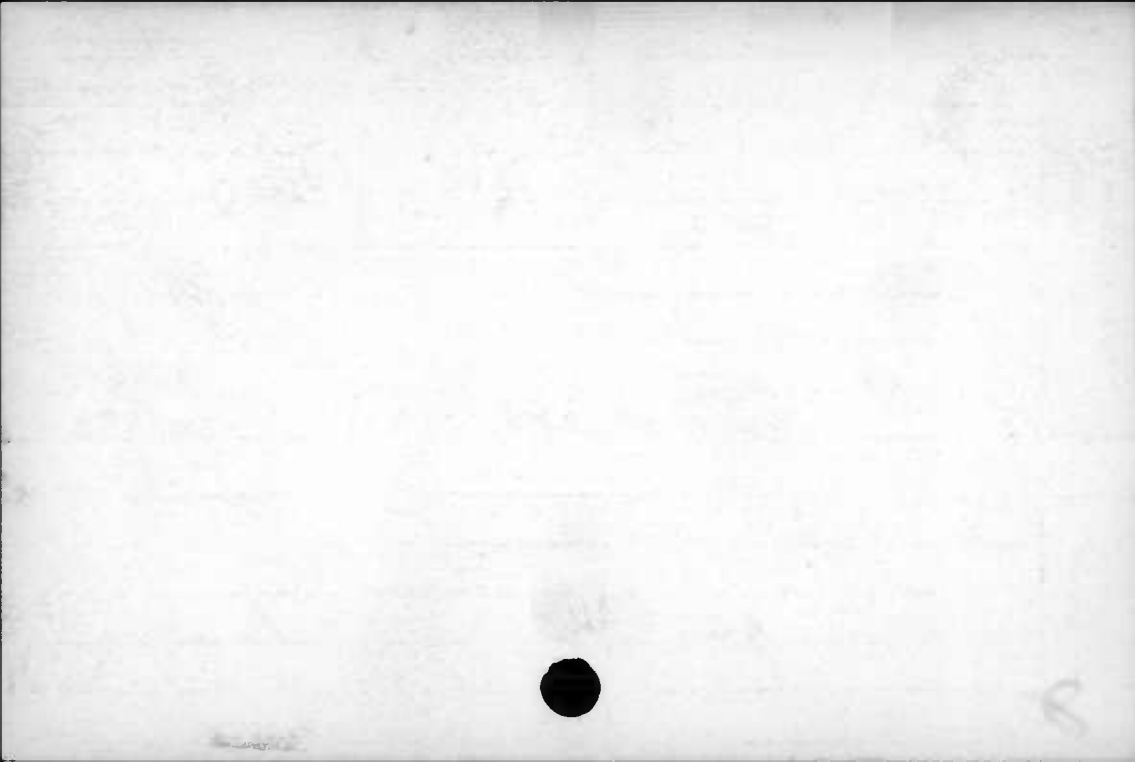
*10 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

M. C. Hingbaugh
*Oakland**md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
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Kerry Pauenhels

(no 7)

CERTIFICATE OF DEATH

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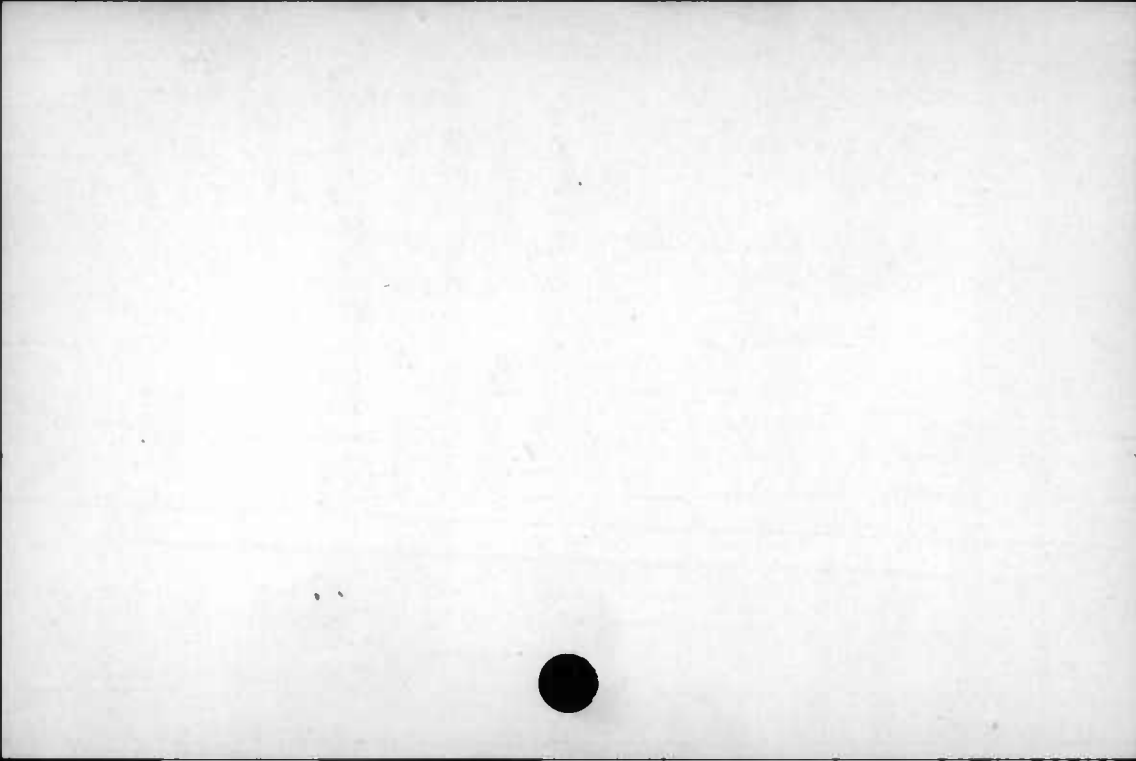
Died at <i>Crelline</i> Town			County <i>Garrett</i>			MARYLAND			
Date of death	1907	Month	Nov	Day	18	Age	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Austria		
Occupation	Labourer			Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband	Does not know					
Father's Name	Does not know					Father's Birthplace	Does not know		
Mother's Maiden Name	Does not know					Mother's Birthplace	Does not know		
Name of person giving information	W. Stendall					How related to deceased	None		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Crushed by train</i>		How long	<i>Instantaneous</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				



Lang Run cemetery

Name
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CERTIFICATE OF DEATH

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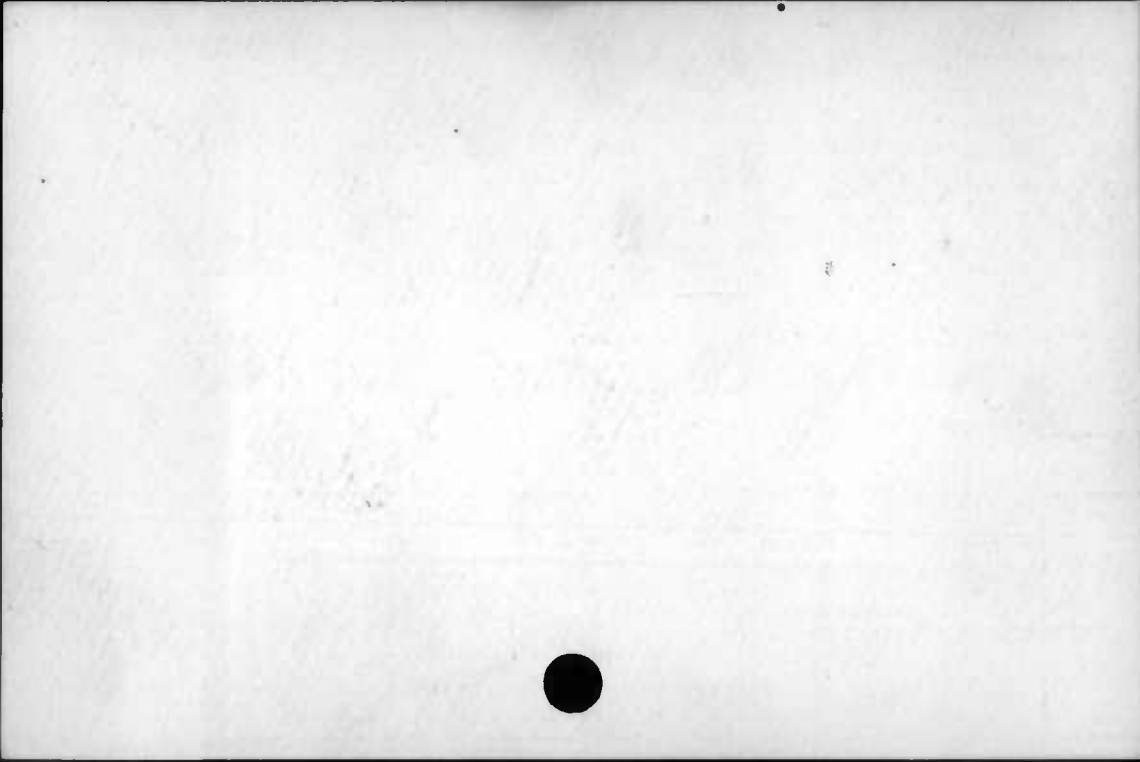
Perry Durst
Died at ^{Town} Grantville ^{County} Garrett
Date of death 1907 11 24 Age 5-4
Sex Male Color or Race White Birthplace Md.
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Ida Victoria Durst
Father's Name Elijah Durst Father's Birthplace Md.
Mother's Maiden Name Mary Ann Hare Mother's Birthplace Md.
Name of person giving information Jason Wilburn How related to deceased

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cancer of Stomach How long 5 mos.
Immediate Cancer of Stomach How long
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Dr. R. L. Bowen
Address Grantville Md.
Accident or Suicide?



Name
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Cora M. Jackson

CERTIFICATE OF DEATH

Died at *Friendsville*

Town

Garrett

County

MARYLAND

Date of death *1907*

Month

Nov

Day

*1*Age *29*

Years

Months

Days

Sex *Female*Color or
Race*Black*Birth-
place*W. Va*

Occupation

*House Wife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Henton Jackson*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Henton Jackson*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 wks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*A. J. Mason M.D.
Friendsville
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Steal cemetery

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CERTIFICATE OF DEATH

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Richard Nelson Murphy

Town Loxox Park County York MARYLAND

Died at Loxox Park

Date of death 1907 Month Nov. Day 19 Age 83 Years ✓ Months ✓ Days ✓

Sex Male Color or Race White Birth-place Not known

Occupation Teacher Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Catherine

Father's Name Unknown Father's Birthplace Ireland

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information John Murphy How related to deceased Grandson

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 5 days

Immediate Pneumonia How long ✓

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. C. H. H. H. H.

Address Qoxland Md

Filed 11-26-07

Accident or Suicide? ✓



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Silas Snyder

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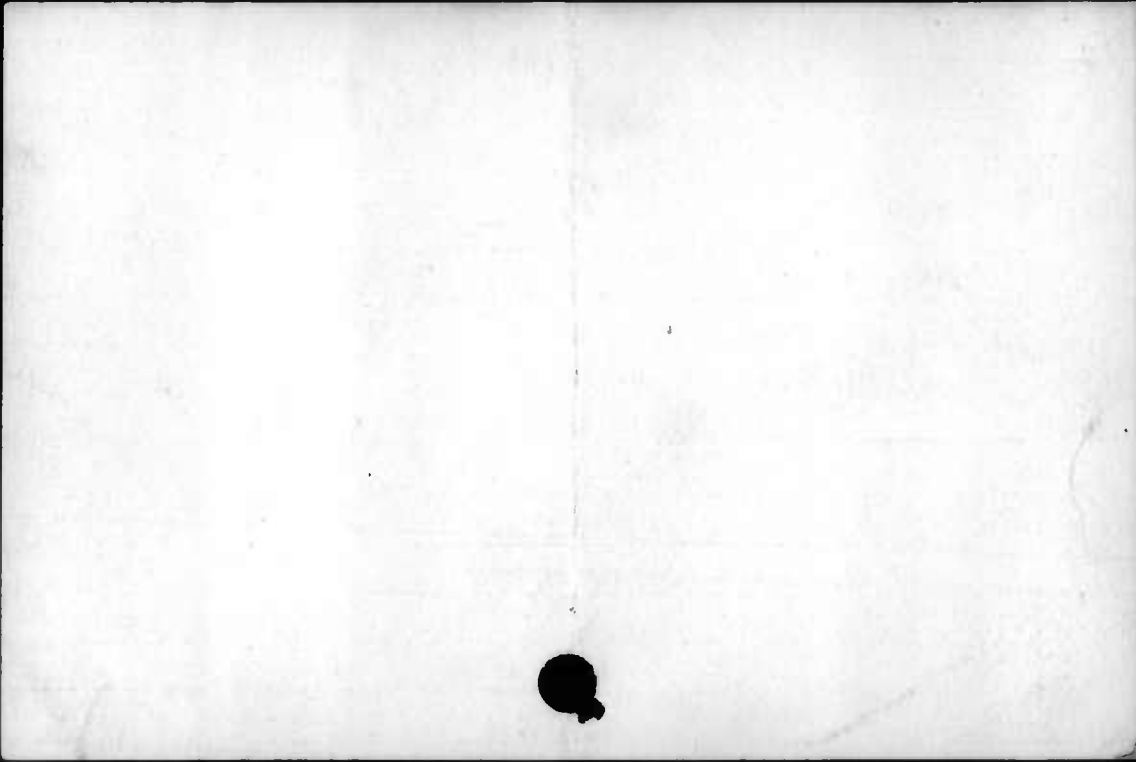
Died at <i>Summerville</i>		Town <i>Summerville</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1907	Month	Nov	Day	9	Age	61
Sex		male		Color or Race		White	
Occupation		Farmer		Birth-place		Fayette County Pa.	
Married, Single or Widowed		Married		Name of Wife or Husband		Maries	
Father's Name		John L. Snyder		Father's Birthplace		Fayette County Pa.	
Mother's Maiden Name		Susana Fike		Mother's Birthplace		Preston Ck. W. Va.	
Name of person giving information		Samuel Snyder		How related to deceased		Son	

CAUSES OF DEATH

(80)

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Armed A. Scherr
Address	Egglon
Accident or Suicide?	no



Name
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CERTIFICATE OF DEATH

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MARYLAND

Died at <i>Friendsville</i>		County <i>Garrett</i>			
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>50</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Catharine Teats</i>				
Father's Name <i>Daniel Teats</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Elizabeth Kinger</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>Catharine Teats</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart-Dropsy</i>	How long <i>6 mo</i>
Immediate <i>Heart Failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Mason</i>
	Address <i>Friendsville Md.</i>
Accident or Suicide? <i></i>	

Steel cernetary

Name
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Lucretia Wolf

CERTIFICATE OF DEATH

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Died at		Town		County		MARYLAND	
Cranberry Swamp		Corbett					
Date of death	90	Month	7	Day	10	Age	47
Sex	Female	Color or Race	White	Birth-place	Md.	Months	9
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Philip Arnold				Clamor Wolfe			
Father's Name	Philip Arnold			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Dorothy Merrill				Md			
Name of person giving information				How related to deceased			
Clamor Wolfe				Husband			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Cancer first located in mammary gland, gland removed, and in lymphatic system	How long	43	Intestines & womb.
Immediate	Cancer	How long	2 years	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		D. J. L. Gonyea		
Address		Frostburg Md.		
Accident or Suicide?				

